



Medical Certificate for Staff

Family name:	First name(s):
Address:	
Country:	City/Postcode:
Phone number (please add country code):	
Date of birth (date/month/year):	
EMERGENCY CONTACT INFORMATION (in case of medical emergency)	
Name:	
Relation:	
Phone number (please add country code):	
Email:	

SELF-ASSESSMENT – Physical and mental well-being and pre-existing conditions
<p>Are you able to do moderate/heavy physical work on a daily basis for 3 months or more, at a height of 1'200m above sea level and above? <i>(Please underline your answer and add any comments you might have)</i></p> <p>YES – NO -</p>
<p>How is your general mental health? At KISC you will be living in a shared space and working with many different nationalities from various cultural backgrounds and habits. <i>(Please underline your answer and add any comments you might have)</i></p> <p>I understand and I am ready – I have concerns -</p>
<p>Do you have any pre-existing medical conditions that could influence your general safety and well-being or the safety and well-being of other staff members and guests? (Eg: Epilepsia, anxiety, dyspraxia etc.) <i>(Please underline your answer and add any comments you might have)</i></p> <p>YES – NO -</p>
<p>Do you take medication regularly and do you have any special needs? <i>(Please underline your answer and add any comments you might have)</i></p> <p>YES – NO –</p>
<p>I hereby declare that the information provided is true and correct. I also understand that any willful dishonesty may render for refusal of this application or immediate termination of employment.</p>
<p>Signature, Date, Place</p>